DESIGNATED HANDLER REPORT

	MAIL TO: POTATOES USA
	DEPT. 1490
	PO BOX 30106
	SALT LAKE CITY, UT. 84130-0106
PERIOD COVERED BY THIS REPORT:	DATE OF LAST REPORT:
PERIOD GOVERED BY THIS REPORT.	DATE OF LAST REPORT.
	th the full remittance. The Designated Handler Report must be mailed within 10 re handled. All cwt listed must be rounded to two decimal places. For additional estions about completing this report call (303) 369-7783
SECTION 1:	
1.) CWT OF YOUR OWN PRODUCTION OF P	OTATOES SOLD:
2.) CWT OF POTATOES PURCHASED FROM	GROWERS (LIST TOTAL BY STATE)
	SECTION 1 Total cwt:
	Total Assessments Due (cwt x \$0.03): \$
SECTION 2:	
	M OTHER HANDLERS, BROKERS, OR PACKERS: nding cwt. These are potatoes purchased on which the assessment
2.) CWT OF POTATOES YOU HAVE SOLD List each handler's name, address, and correspo has been paid by the supplier.	TO OTHER HANDLERS nding cwt. These are potatoes purchased on which the assessment
\$0.03 per cwt on all potatoes listed in Section 1 handled	rue and correct to the best of my knowledge. The included payment represents during this reporting period for which I am required to pay the assessments as a Section 2 have been reported and remitted by others for my account. I will
Signature	Date

This report is required by law [7 U.S.C.§ 2619, 7 CFR 1207.350, 7 CFR 1207.512 and 7 CFR 1207.513(c)]. Failure to report can result in a fine of not less than \$1,257 or more than \$12,570 for each such violation. Each such violation shall be deemed a separate violation. The making of any false statement or representation on this form, knowing it to be false, is a violation of Title 18, §1001 United States Code, which provides for the penalty of a fine of \$10,000, imprisonment of not more than 5 years, or both.

NOTE: The following statements are made in accordance with the Privacy Act of 1974 (U.S.C. §522a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting this information to be supplied on this form is the Potato Research and Promotion Act (7 U.S.C. §§2611-2627). Furnishing the requested information is necessary for the administration of this program. Submission of Tax Identification Number (TIN) or Employer Identification Number (EIN) is mandatory, and will be used to determine affiliation or entity identity.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0093. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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